

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American College of Radiology Association Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00343459
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Mammen Group Inc.		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1901 L Street, N.W. Suite 650		Amount 58903.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Radio Ad	Category/ Type	Transaction ID : V700F25B040670DCA970
Name of Federal Candidate Supported or Opposed by Expenditure: George S. Flinn Jr.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09
Calendar Year-To-Date Per Election for Office Sought 58903.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mammen Group Inc.		Date MM / DD / YYYY 10 / 22 / 2012
Mailing Address 1901 L Street, N.W. Suite 650		Amount 22409.54
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Printed Advertising for Mailing	Category/ Type	Transaction ID : V1AD5616B09A9CCB4D2I
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. John Jenkins Barrow		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12
Calendar Year-To-Date Per Election for Office Sought 45543.04		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	81312.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DR. William Herrington

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

FEC IDENTIFICATION NUMBER ▼

C C00343459

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Mammen Group Inc.

Date

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Mailing Address 1901 L Street, N.W.

Suite 650

Amount

21516.75

City

Washington

State

DC

Zip Code

20036

Transaction ID : V3CCFD2E34ABBF7E7A

Purpose of Expenditure
Printed mail itemsCategory/
Type

Office Sought:

☒ House

State: IA

☐ Senate

District: 01

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Rep. Bruce L. Braley

Calendar Year-To-Date Per Election
for Office Sought

45376.50

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

21516.75

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

102829.29

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DR. William Herrington

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 16 / 2012